

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002958

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 4401 Registrar's No. 19

FILED FEB 2 1962

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot											
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Pascola		Length of stay in 1b 25 Years		c. CITY OR TOWN Pascola		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION X			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Annie Middle Lois Last Neal				4. DATE OF DEATH Month January Day 16 Year 1962											
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-04-1901		9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife				10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Stamps, Ark.			12. CITIZEN OF WHAT COUNTRY U.S.A.						
13a. FATHER'S NAME Benjamin Evans				13b. MOTHER'S MAIDEN NAME Georgia Blake				14. NAME OF HUSBAND OR WIFE Deceased							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. X		17. INFORMANT 1621 S. 16th, St. Wesley Neal Kansas City, Kansas									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation DUE TO (b) Murder DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Murder by strangulation											
20c. TIME OF INJURY Hour 1:15 ^{a.m.} Month, Day, Year 1-16-62				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Pascola		COUNTY Pemiscot		STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at A.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>Jimmy Osburn</i> (Degree or title) Coroner						22b. ADDRESS Wardell, Mo.			22c. DATE SIGNED 1-16-62						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 1-19-62		23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery			23d. LOCATION (City, town, or county) (State) Wardell, Mo.							
24. FUNERAL DIRECTOR Osburn Funeral Home, Wardell, Mo.					25. DATE RECD. BY LOCAL REG. 1-22-62		26. REGISTRAR'S SIGNATURE <i>Charlotte E. Shaw</i>								

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Johnson

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.